programmes of Health and Family Welfare including RCH-II, Malaria, Blindness, Iodine deficiency, Filaria, Kala Azar, T.B., Leprosy and Integrated disease Surveillance. Further, it addresses the issue of health in a sector-wide manner addressing sanitation and hygiene, nutrition and safe drinking water as basic determinants of good health.

The year 2005-06 was the formative year for the NRHM during which the institutional framework to operationalise the Mission was set up in all the states. The Mission envisages provision of quality health care to the entire population with special focus on the underserved sections.

Technical support in research activities

2811. DR. K. KASTURIRANGAN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government are taking necessary steps to augment the research cadre in the Indian Council of Medical Research (ICMR);

(b) if so, the details thereof;

(c) whether Government have evolved any specific policy to retain the experienced technical support staff to assist research activities of ICMR; and

(d) if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) to (d) In order to augment the research cadre in the Indian Council of Medical Research (ICMR), Government has approved the promotional avenues to all scientists upto level G and H. To retain the experienced Technical staff on Merit Based Promotion Schemes for Indian Council of Medical Research based on DRDO pattern, the matter has been taken up with Ministry of Finance. The recommendation of the Performance Appraisal Board regarding recruitment of 500 Scientists and other related issues are receiving the attention of the Government.

Blind population in the country

2812. SHRI SANJAY RAUT: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) what are the total number of blind population in the country and what are the numbers of the blind persons who would be cured in the country;

(b) the details of steps taken or proposed to be taken for elimination of blindness in the country;

(c) whether it is a fact that around 80 per cent of blind population lives in the rural areas;

(d) whether Government have fixed any target for elimination of blindness in the country upto 2015 with the help of W.H.O. and NGO's in the country; and

(e) if so, the details there of?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) and (b) It is estimated that there are nearly 12 million blind persons in India and nearly 80% of blindness could either be prevented or cured. National Programme for Control of Blindness (NPCB) was launched in the year 1976 as a 100% centrally sponsored programme with the goal of reducing the prevalence of blindness. The following steps have been undertaken under the NPCB are:

- Setting up of State Blindness Control Societies in States/UTs.
- Providing Eye Care facilities to the needy people at primary, secondary and tertiary level through Primary Health Centres, District Hospitals, Institutes of Ophthalmology.
- Strengthening of Eye Banks in government/voluntary sectors.
- Financial support to NGOs for strengthening of their Infrastructure for Eye Care.
- Organizing Eye Donation Fortnight every year from 25 August to 8 September.
- Screening of School Children for detection of Refractive Error and providing Free Glasses to poor.
- Strengthening of Regional Institutes of Ophthalmology by providing assistance for development of pediatric eye units/low vision units/ retina units and training infrastructure.

- Strengthening of Medical Colleges by providing assistance for development for Pediatric Eye Units/Low Vision Units/Retina units imparting training to Ophthalmic Surgeons from Government Hospitals/Medical Colleges in various Specialities of ophthalmology for quality eye care.
- Intensification of IEC activities to create awareness about eye care activities.

(c) Yes.

(d) and (e) The target fixed under National Programme for Control of Blindness is to reduce prevalence of Blindness from 1.1% (2001—04) to 0.3% by 2020.

CGHS facilities to press correspondents

2813. SHRI VIJAY J. DARDA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that PIB accredited press correspondents are covered under the Central Government Health Scheme;

(b) if so, the details thereof; and

(c) whether such press correspondents are entitled for the same benefits as admissible to the Central Government employees, who once become member of CGHS, continue to have the same benefits even after retirement for life, after paying one-time fee?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) and (b) Yes, Sir. The Accredited Journalists are entitled for CGHS facilities at par with those available to General Public.

(c) No, Sir.

Procedure to establish the guardianship of mentally ill patients

2814. SHRIMATI BRINDA KARAT: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government are aware of the difficulties regarding establishing guardianship of mentally ill patients; and

(b) whether Government are taking any initiative to change the procedure so as to bring relief to affected persons?